

<i>SERFF Tracking Number:</i>	<i>SEPX-125824727</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Sentry Select Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>CM AR08796DOF01</i>		
<i>TOI:</i>	<i>09.0 Inland Marine</i>	<i>Sub-TOI:</i>	<i>09.0005 Other Commercial Inland Marine</i>
<i>Product Name:</i>	<i>Commercial Inland Marine</i>		
<i>Project Name/Number:</i>	<i>2008 C/L Inland Marine/CM AR08796DOF01</i>		

Filing at a Glance

Company: Sentry Select Insurance Company

Product Name: Commercial Inland Marine

TOI: 09.0 Inland Marine

Sub-TOI: 09.0005 Other Commercial Inland Marine

Filing Type: Form

SERFF Tr Num: SEPX-125824727

SERFF Status: Closed

Co Tr Num: CM AR08796DOF01

Co Status:

Author: SPI SentryInsurancePC

Date Submitted: 09/19/2008

State: Arkansas

State Tr Num: EFT \$50

State Status: Fees verified and received

Reviewer(s): Betty Montesi,
Llyweyia Rawlins

Disposition Date: 09/22/2008

Disposition Status: Approved

Effective Date Requested (New): 11/01/2008

Effective Date Requested (Renewal): 11/01/2008

Effective Date (New): 11/01/2008

Effective Date (Renewal):

11/01/2008

State Filing Description:

General Information

Project Name: 2008 C/L Inland Marine

Project Number: CM AR08796DOF01

Reference Organization:

Reference Title:

Filing Status Changed: 09/22/2008

State Status Changed: 09/22/2008

Corresponding Filing Tracking Number:

Filing Description:

We are filing to revise our Equipment Breakdown endorsement, CM 88 04, Special Transit Coverage Form. In this endorsement we have increased four sub-limits in the form for no additional charge. The Pollution Clean Up and Removal additional coverage, the Refrigerant Contamination additional coverage extension, the Expediting Expense additional coverage extension, and the Consequential Loss coverage (loss of perishable goods due to spoilage) sub-limits have been increased to \$100,000 from \$25,000.

Status of Filing in Domicile: Authorized

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

SERFF Tracking Number: SEPX-125824727 State: Arkansas
 Filing Company: Sentry Select Insurance Company State Tracking Number: EFT \$50
 Company Tracking Number: CM AR08796DOF01
 TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine
 Product Name: Commercial Inland Marine
 Project Name/Number: 2008 C/L Inland Marine/CM AR08796DOF01

Please refer to the form memorandum for further detail.

Company and Contact

Filing Contact Information

Douglas Krueger, Compliance/Development Sr. doug.krueger@sentry.com
Analyst

1800 North Point Drive (715) 346-8614 [Phone]
Stevens Point, WI 54481 (715) 346-6044[FAX]

Filing Company Information

Sentry Select Insurance Company CoCode: 21180 State of Domicile: Wisconsin
 1800 North Point Drive Group Code: 169 Company Type:
 Stevens Point, WI 54481 Group Name: Sentry Insurance State ID Number:
 Group
 (715) 346-6000 ext. [Phone] FEIN Number: 36-2674180

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Sentry Select Insurance Company	\$50.00	09/19/2008	22616446

SERFF Tracking Number: SEPX-125824727 State: Arkansas
Filing Company: Sentry Select Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: CM AR08796DOF01
TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine
Product Name: Commercial Inland Marine
Project Name/Number: 2008 C/L Inland Marine/CM AR08796DOF01

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	09/22/2008	09/22/2008

SERFF Tracking Number: *SEPX-125824727* *State:* *Arkansas*
Filing Company: *Sentry Select Insurance Company* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *CM AR08796DOF01*
TOI: *09.0 Inland Marine* *Sub-TOI:* *09.0005 Other Commercial Inland Marine*
Product Name: *Commercial Inland Marine*
Project Name/Number: *2008 C/L Inland Marine/CM AR08796DOF01*

Disposition

Disposition Date: 09/22/2008

Effective Date (New): 11/01/2008

Effective Date (Renewal): 11/01/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: SEPX-125824727 State: Arkansas
 Filing Company: Sentry Select Insurance Company State Tracking Number: EFT \$50
 Company Tracking Number: CM AR08796DOF01
 TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine
 Product Name: Commercial Inland Marine
 Project Name/Number: 2008 C/L Inland Marine/CM AR08796DOF01

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	No
Supporting Document	Cover Letter	Approved	No
Supporting Document	Form Filing Memorandum - Special Transit	Approved	No
Supporting Document	AR - FORM FILING ABSTRACT F-1	Approved	No
Supporting Document	AR - CERTIFICATE OF COMPLIANCE - (AID PC SelfCert (4/30/03))	Approved	No
Supporting Document	AR - NAIC FORM FILING SCHEDULE	Approved	No
Form	Equipment Breakdown	Approved	No

SERFF Tracking Number: SEPX-125824727 State: Arkansas
 Filing Company: Sentry Select Insurance Company State Tracking Number: EFT \$50
 Company Tracking Number: CM AR08796DOF01
 TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine
 Product Name: Commercial Inland Marine
 Project Name/Number: 2008 C/L Inland Marine/CM AR08796DOF01

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Equipment Breakdown	CM 88 04	08 08	Endorsement/Amendment/Conditions Replaced	Replaced Form #:0.00 CM 88 04 Previous Filing #:		CM 88 04.PDF



EQUIPMENT BREAKDOWN

This endorsement modifies insurance provided by the following:

Special Transit Coverage Form

A. Insurance provided by this endorsement is subject to all of the terms of the Special Transit Coverage Form except as specified below.

B. COVERAGE EXTENSIONS

1. Pollutant Clean Up and Removal. For insurance provided by this endorsement the limit of insurance that applies to Coverage Extension A.5.b. is increased to \$100,000 unless otherwise stated in the Declarations.

2. The following Coverage Extensions are added to your policy.

a. Expediting Expenses

For coverage provided by this endorsement, with respect to your damaged Covered Property, we will pay the reasonable extra cost to:

- 1) Make temporary repairs;
- 2) Expedite permanent repairs; and
- 3) Expedite permanent replacement.

The most we will pay for damage under this coverage is \$100,000 unless the policy includes one of the following forms:

- Business Income (And Extra Expense) Coverage Form
- Business Income (Without Extra Expense) Coverage Form
- Extra Expense Coverage Form

If the policy includes one of those forms, the most we will pay for loss or damage under this coverage is the limit that applies under that form or \$100,000, whichever is larger.

b. Refrigerant Contamination

Contamination by a refrigerant resulting from coverage provided by this endorsement, with respect to your damaged Covered Property to refrigerating, cooling or humidity control equipment at the described premises.

Unless otherwise stated in the declarations, the most we will pay for loss or damage under this coverage is \$100,000.

C. EXCLUSIONS

1. Water. Exclusion B.1.d., Water, is replaced by the following:

d. Water

- (1) Flood, surface water, waves, tides, tidal waves, overflow of any body of water or their spray, all whether driven by wind or not;
- (2) Mudslide or mudflow;

CM 88 04 08 08



EQUIPMENT BREAKDOWN - CONTINUED

- (3) Water that backs up or overflows from a sewer, drain or sump; or
- (4) Water under the ground surface pressing on, or flowing or seeping through:
 - (a) Foundations, walls, floors or paved surfaces;
 - (b) Basements, whether paved or not; or
 - (c) Doors, windows, or other openings.

But if Water, as described in this section, results in fire, explosion, sprinkler leakage or equipment breakdown we will pay for the loss or damage caused by that fire, explosion, sprinkler leakage or equipment breakdown.

2. Delay

Exclusion B.2.a. is replaced by the following:

- a. Delay, loss of use or loss of market, except that we will pay for loss of perishable goods due to spoilage resulting from lack of power, light, heat, steam or refrigeration caused by coverages provided by this endorsement to types of property covered by this policy, that are:
 - (1) Located on or within 1,000 feet of your described premises;
 - (2) Owned by the building owner at your described premises, or owned by a public utility; and
 - (3) Used to supply telephone, electricity, air conditioning, heating, gas, water or steam to your described premises.

Unless otherwise stated in the declarations, the most we will pay for loss or damage under this coverage is \$100,000.

- 3. Exclusion B.2.f. does not apply to coverage provided by this endorsement.

- 4. Exclusion B.3.e. is replaced by the following:

- e. Wear and tear, any quality in the property that causes it to damage or destroy itself, hidden or latent defect, gradual deterioration, depreciation, insects, vermin, rodents, birds, or other animals, corrosion, rust, dampness or dryness, extremes in temperature, marring, or scratching.

D. CONDITIONS

The following condition is added to Section E of the Special Transit Coverage Form:

Suspension

Whenever Equipment Breakdown Covered Property is found to be in, or exposed to, a dangerous condition, any of our representatives may immediately suspend the insurance against loss or damage to that Covered Property. This can be done by delivering or mailing a written notice of suspension to:

CM 88 04 08 08



EQUIPMENT BREAKDOWN - CONTINUED

- a. Your last known address; or
- b. The address where the Covered Property is located.

If we suspend your insurance, you will get a pro rata refund of premium. But the suspension will be effective even if you have not yet made or offered a refund.

E. DEFINITIONS

The following definition is added to Section F of the Special Transit Coverage Form.

Equipment Breakdown

Equipment Breakdown means direct damage to Covered Property as follows:

- a. Mechanical breakdown, including rupture or bursting caused by centrifugal force;
- b. Artificially generated electrical current, including electrical arcing, that disturbs electrical devices, appliances or wires;
- c. Explosion of steam boilers, steam piping, steam engines or steam turbines owned or leased by you, or operated under your control;
- d. Loss or damage to steam boilers, steam pipes, steam engines or steam turbines;
- e. Loss or damage to hot water boilers or other water heating equipment.

If covered electrical equipment requires drying out as a result of a flood we will pay for the direct expenses of such drying out.

None of the following are Covered Property as respects equipment breakdown:

- (i) Insulating or refractory material;
- (ii) Buried vessels or piping;
- (iii) Sewer piping, piping forming a part of a fire protection system or water piping other than:
 - i. Feed water piping between any boiler and its feed pump or injector;
 - ii. Boiler condensate return piping; or
 - iii. Water piping used forming a part of refrigerating and air conditioning vessels and piping used for cooling, humidifying or space heating purposes.
- (iv) Structure, foundation, cabinet or compartment containing the object;
- (v) Power shovel, dragline, excavator, vehicle, floating vessel or structure, penstock, draft tube or well casing;
- (vi) Conveyor, crane, elevator, escalator or hoist, but not excluding any electrical machine or electrical apparatus mounted on or used with this equipment;
- (vii) Felt, wire screen, die, extrusion, plate, swing hammer, grinding disc, cutting blade, cable, chain, belt, rope, clutch plate, brake pad, non-metallic part or any part or tool subject to frequent, periodic replacement.

CM 88 04 08 08

SERFF Tracking Number: *SEPX-125824727* *State:* *Arkansas*
Filing Company: *Sentry Select Insurance Company* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *CM AR08796DOF01*
TOI: *09.0 Inland Marine* *Sub-TOI:* *09.0005 Other Commercial Inland Marine*
Product Name: *Commercial Inland Marine*
Project Name/Number: *2008 C/L Inland Marine/CM AR08796DOF01*

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: SEPX-125824727 State: Arkansas
Filing Company: Sentry Select Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: CM AR08796DOF01
TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine
Product Name: Commercial Inland Marine
Project Name/Number: 2008 C/L Inland Marine/CM AR08796DOF01

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 09/22/2008

Comments:

Attachment:

AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF

Satisfied -Name: Cover Letter **Review Status:** Approved 09/22/2008

Comments:

Attachment:

Cover Letter.PDF

Satisfied -Name: Form Filing Memorandum - Special Transit **Review Status:** Approved 09/22/2008

Comments:

Attachment:

Form Filing Memorandum - Special Transit.PDF

Satisfied -Name: AR - FORM FILING ABSTRACT F-1 **Review Status:** Approved 09/22/2008

Comments:

Attachment:

AR - FORM FILING ABSTRACT F-1.PDF

Satisfied -Name: AR - CERTIFICATE OF COMPLIANCE - (AID PC SelfCert (4/30/03)) **Review Status:** Approved 09/22/2008

Comments:

Attachment:

SERFF Tracking Number: *SEPX-125824727* *State:* *Arkansas*
Filing Company: *Sentry Select Insurance Company* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *CM AR08796DOF01*
TOI: *09.0 Inland Marine* *Sub-TOI:* *09.0005 Other Commercial Inland Marine*
Product Name: *Commercial Inland Marine*
Project Name/Number: *2008 C/L Inland Marine/CM AR08796DOF01*

AR - CERTIFICATE OF COMPLIANCE - (AID PC SelfCert (4_30_03)).PDF

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">New Business</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Renewal Business</td> <td style="border: none;"></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

3. Group Name	Group NAIC #			
Sentry Insurance Group	169			
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Sentry Select Insurance Company	WI	21180	36-2674180	

5. Company Tracking Number	CM AR08796DOF01
-----------------------------------	-----------------

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Douglas D. Krueger 1800 North Point Drive Stevens Point WI 54481	Compliance/Development Sr. Analyst	715-346-8614 Ext. 8614	715-346-6044	doug.krueger@sentry.com
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Douglas D. Krueger		

Filing Information (see General Instructions for descriptions of these fields)

9.	Type of Insurance (TOI)	09.0 Inland Marine
10.	Sub-Type of Insurance (Sub-TOI)	09.0005 Other Commercial Inland Marine
11.	State Specific Product code(s) (if applicable) [See State Specific Requirements]	
12.	Company Program Title (Marketing Title)	Commercial Inland Marine
13.	Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14.	Effective Date(s) Requested	New: 11-1-08 Renewal: 11-1-08
15.	Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16.	Reference Organization (if applicable)	NA
17.	Reference Organization # & Title	NA
18.	Company's Date of Filing	9-19-08
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Sentry Insurance a Mutual Company
1800 North Point Drive
P.O. Box 8020
Stevens Point, WI 54481-8020



SENTRY[®]
INSURANCE
A MUTUAL COMPANY

September 19, 2008

Commissioner Julie Benafield Bowman
Arkansas Department of Insurance
1200 West Third Street
Little Rock, AR 72201-1904

Attn: Property and Casualty Division

SENTRY SELECT INSURANCE COMPNY, NAIC#169-21180, FEID#36-2674180
DEALER OPERATIONS PROGRAM
COMMERCIAL INLAND MARINE - DIVISION 8
FORM FILING
COMPANY FILING #CM AR08796DOF01
PROPOSED WRITTEN DATE: 11/1/2008

We are filing to revise our Equipment Breakdown endorsement, CM 88 04, Special Transit Coverage Form. In this endorsement we have increased four sub-limits in the form for no additional charge. The Pollution Clean Up and Removal additional coverage, the Refrigerant Contamination additional coverage extension, the Expediting Expense additional coverage extension, and the Consequential Loss coverage (loss of perishable goods due to spoilage) sub-limits have been increased to \$100,000 from \$25,000.

Please refer to the form memorandum for further detail.

Please notify me if you have any questions and/or concerns.

Sincerely,

Douglas D. Krueger
Compliance/Development Analyst
715 346-8614
715 346-6044(fax)
Doug.Krueger@sentry.com

S T R E N G T H • P R O T E C T I O N • V I G I L A N C E SM

Form Memorandum

SENTRY SELECT INSURANC COMPANY – DEALER OPERATIONS PROGRAM

Endorsement #	Replaces #	Name of Endorsement and description
CM 88 04 08 08	CM 88 04 04 07	Equipment Breakdown- Special Transit Coverage We have increased four sub-limits in the form for no additional charge. The Pollution Clean Up and Removal additional coverage, the Refrigerant Contamination additional coverage, the Expediting Expense additional coverage, and the Consequential Loss coverage (loss of perishable goods due to spoilage) sub-limits have been increased to \$100,000 from \$25,000. Endorsement broadens coverage.

ARKANSAS INSURANCE DEPARTMENT

FORM FILING ABSTRACT

ALL QUESTIONS MUST BE ANSWERED

Companies filing for a group may use a consolidated abstract if all forms are identical.

1. Date Filed 9-19-08

2. Company Name(s) Sentry Select Insurance Company

Group Name Sentry Insurance Group NAIC No. 21180 Group No. 169

3. (a) Annual Statement Line of Business Number (Page 14) 09.0

(b) Class of Business Commercial Inland Marine

© Coverages Affected Equipment Breakdown

4. (a) Name of Advisory Organization, if any NA

(b) Affiliations with Advisory Organization: Member () Subscriber ()

5. Is this a reference filing? Yes () No () If yes, please provide the following:

(a) Name of Advisory Organization (or Affiliated Company)
NA

(b) Date of Filing NA

© Filing Designation Number or Description NA

PROVIDE THE INFORMATION REQUESTED ON PAGE 2 OF THIS FORM

7. Has the form(s) been approved for use in your domiciliary state and/or other states?

Yes

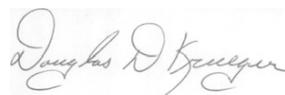
8. Is the form filed in response to or due to legislation? If so, specify legislation.

No

9. Is the form in response to or due to recent court decisions? If so, give citation.

No

THIS INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.



Signature

Douglas D. Krueger

Title

715-346-8614

Telephone Number

Page 2 of 2

Old Form No.	Proposed Effective Date of New Form	New Form No.	Title of the Form(s); also Indicate Withdrawals: Provide Synopsis of Coverage
CM 88 04 04 07	11-1-08	CM 88 04 08 08	Equipment Breakdown Increases four sub-limits in the form for no additional charge - Broadens Coverage.

ARKANSAS CERTIFICATE OF COMPLIANCE

(You may print or type the information required by this form)



I, William O'Reilly, Secretary of
(Name) (Title of Authorized Officer)

Sentry Select Insurance Company
(Name of Insurer)

declare that I am authorized to execute and file this certificate of compliance and do hereby certify that I am knowledgeable of the legal requirements under Arkansas law applicable to the insurance forms that are the subject of this filing and further aver:

1. Upon information and belief, I certify that the insurance forms filed herewith are complete and comply with all Arkansas laws, including the:

- a. Arkansas Code Annotated;
- b. Arkansas Rules and Regulations;
- c. Arkansas Insurance Bulletins, Directives and Orders;
- d. Applicable filing requirements including the applicable product standards set forth in the product checklists; and
- e. Rulings and decisions of any court of this state.

2. I understand and acknowledge that the Commissioner will rely upon this certificate and if it is subsequently determined that any form filed herewith is false or misleading, appropriate corrective action shall be taken by the commissioner against the company.

3. Pursuant to Ark. Code Ann. § 23-79-109(a)(1)(C), I understand that by certifying that a form complies with paragraph 1 hereof, it is not to be taken by the undersigned or by my company as meaning that any insurance effected by use of such form may in any fashion be inconsistent with the statutory and common law of Arkansas.

4. Pursuant to Ark. Code Ann. §23-79-118, I understand and acknowledge that any insurance policy, rider, endorsement or other insurance form filed under this certificate, that is subsequently issued to an insured, and contains any condition or provision not in compliance with the requirements of the laws of the State of Arkansas, as set forth in paragraph 1 hereof, shall be construed and applied in accordance with such condition or provision as would have applied if the policy, rider, endorsement or form had been in full compliance with the law.

Does this Certification apply to all the companies in this filing? <i>(Yes or No)</i> •	Yes
---	-----

If "NO", to which companies does this Certification apply?

Company Name(s)	NAIC #

Company Tracking Number • CM AR08796DOF01	
Signature of Authorized Officer •	<i>William O'Reilly</i>
Name of Authorized Officer •	William O'Reilly
Title of Authorized Officer •	Secretary
Email address of Authorized Officer •	
Telephone # of Authorized Officer •	Date 9-19-08

This form may be computer generated by the company. So long as the wording and general layout is the same, the format may vary. For more information, contact the Property & Casualty Division of the Arkansas Insurance Department at 1200 W 3rd St., Little Rock, AR 72201, telephone: 501-371-2800, or email: information.pnc@state.ar.us

FORM FILING SCHEDULE

(This form must be provided **ONLY** when making a filing that includes forms)
 (Do **not** refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	CM AR08796DOF01
-----------	--	-----------------

2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	
-----------	---	--

3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Equipment Breakdown	CM 88 04 08 08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	CM 88 04 04 07	
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
11			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		